

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH PTO-875)

SERIAL NO. **10/517939**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
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23						
24	1					
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32						
33	1					
34						
35						
36						
37						
38						
39						
40		1				
41						
42						
43						
44						
45		2				
46						
47						
48		2				
49						
50						
TOTAL IND.					9	
TOTAL DEP.					20	
TOTAL CLAIMS					29	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						